


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-02-2007 90060 024 ****61.25

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # N06000009316 | | | |  | |
| 1. Entity Name EASTPARK BUSINESS CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3653 REGENT BOULEVARD #204 JACKSONVILLE, FL 32224 | | | Mailing Address 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL 32256 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1497508 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent PROPERTY SERVICES, INC. 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL 32256 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date it applies. (NOTE: Registered Agent signature required when remaining)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, JERRY <input checked="" type="checkbox"/> Delete | | | | |
| 3653 REGENT BOULEVARD #204 JACKSONVILLE, FL 32224 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ZIEVAS, MARY <input checked="" type="checkbox"/> Delete | | | | |
| 1898 SEA OATS DRIVE ATLANTIC BEACH, FL 32233 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MESSER, ED <input checked="" type="checkbox"/> Delete | | | | |
| 3653 REGENT BOULEVARD #504 JACKSONVILLE, FL 32224 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Zievis, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| 1898 Sea Oats Drive Atlantic Beach, FL 32233 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Risk, Frank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| 3653 Regent Blvd., #509 Jacksonville, FL 32224 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Semerene, Bernard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| 11512 Ashley Manor Way Jacksonville, FL 32225 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>David M. Fortsa</i> AGENT | | | | 3-27-07 904-731-9200 EXT 403 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | |